

1869

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa District of Miami Town of Miami

State Index No. 165 County Registrar No. 780 Local Registrar No. _____

City of _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roy Edwin Saul 3. Sex of Child Male 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Nov. 16-1923

7. Month Nov day 16 year 1923

8. FATHER Full name Clmer Saul 9. Residence (Usual place of abode) Miami, Ariz. 10. Color or race white 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Holbrook, Arizona 13. Occupation Miner 14. MOTHER Full maiden name Margaret Egger 15. Residence (Usual place of abode) Miami, Ariz. 16. Color or race white 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Holbrook, Arizona 19. Occupation Housewife 20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 12 P. m. on the date above stated.

Signature C. M. Crow M.D. (Physician or midwife)

Address Miami, Ariz.

Filed Nov 30, 1923 at J.P.E. Davis Local Registrar.

Filed 12-15, 1923 at B.S. Hall County Registrar.

Month, day, year.

Registrar.

923-1116-459